



Dear Interested Micro-Enterprise Loan Applicant,

Louisville Metro Community Action Partnership is honored to present existing Micro-Enterprises an opportunity to apply for a Forgivable Loan. This Micro-Enterprise Loan assistance program, known as the **IGNITE Program** is brought to you by the Community Development Block Grant (CDBG) Federal Funding.

The **IGNITE Program** allows micro-enterprise businesses who have been in existence for no less than ONE YEAR to apply for a forgivable loan. Loans will be awarded up to \$10,000 per approved individual based on need. Enclosed is an application that outlines all the necessary pieces to successfully become a candidate for the forgivable loan.

Individuals or businesses that may qualify include:

- **Businesses that have been in existence for one full year from official opening date and registered with the state.**
- **Businesses that employ 5 or less employees including the owner.**
- **Businesses that are in need of some extra assistance to maintain or expand their business.**
- **Business owners whose household income falls at or below 80% of the Area Median Income.**
- **Business owner must be willing to allow CAP staff to monitor business on a monthly basis until the loan is deemed forgiven, one year from the date of disbursement.**
- **Businesses and loans must be used for approved eligible activities (see page 2)**

Applications Accepted: May 9th – July 29th
Interviews and Selection: August 8th – August 26th
Applicants Notified: September 6th – September 9th

If you have any questions please contact Gary Rockne at 574-5078 or Sam Davis at 574-5866 or email us at capenterprise@louisvilleky.gov

THANK YOU!



Eligibility Requirements

To be considered for a CAP Enterprise (CE) forgivable loan, applicants must meet certain eligibility requirements. These requirements are designed to meet CDBG and CE guidelines, however, are flexible enough to accommodate a wide variety of micro-enterprise ventures.

CAP Enterprise will not provide forgivable loans to the following business types:

- Liquor Stores
- Adult Entertainment
- Gun Sales
- Gambling
- Religious Activities
- Real Estate
- Non-Profit

The following is a listing of eligible and ineligible activities**Eligible Activities:**

- Equipment purchase or rental
- Rent payment for office space
- Insurance
- Consulting Services
- Inventory
- Training
- Advertising and Marketing

Ineligible Activities:

- Personal expenses
- Alcoholic beverages
- Lottery equipment and products
- Payroll
- Cigarettes and nicotine
- Façade and structural improvements
- Debt repayment
- Mortgage or rent for home-based business
- Homeowners insurance
- Court fees
- Purchase of property or land

If you have any question about your business type or business activity, please call 574-5866 or 574-5078 to discuss your concerns.

CAP Enterprise

Louisville Metro Community Action Partnership

MICRO-ENTERPRISE IGNITE PROGRAM LOAN APPLICATION,

This form must be filled out COMPLETELY and accompanying documentation must be provided in order to be eligible to apply.

All information given will be considered confidential.

Please PRINT legibly.

Personal Information

Name _____ Date _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Race:

- ☐ Black/African-American ☐ White ☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pac. Islander ☐ American Ind./Alaska Nat./White ☐ Asian/White
☐ Black/African American/White ☐ American Ind./Alaska Nat./Black ☐ Other Multi-Racial

Ethnicity:

- ☐ Hispanic ☐ Non-Hispanic

Is the head of household a female? ☐ YES ☐ NO

Please circle the range your household's annual income falls:

Household Size:	0-30% AMI	30.1-50% AMI	50.1-80% AMI
1 Person	\$13,000 or Less	\$13,001 - \$21,650	\$21,651 - \$34,650
2 Person	\$14,850 or Less	\$12,851 - \$24,750	\$24,751 - \$39,600
3 Person	\$16,700 or Less	\$16,701 - \$27,850	\$27,851 - \$44,550
4 Person	\$18,550 or Less	\$18,551 - \$30,900	\$30,901 - \$49,450
5 Person	\$20,050 or Less	\$20,051 - \$33,400	\$33,401 - \$53,450
6 Person	\$21,550 or Less	\$21,551 - \$35,850	\$35,851 - \$57,400
7 Person	\$23,050 or Less	\$23,051 - \$38,350	\$38,351 - \$61,350
8 Person	\$24,500 or Less	\$24,501 - \$40,800	\$40,801 - \$65,300

*If your household is greater than 8, please contact us at 574-5866.

Household Type: ☐ Small Related ☐ Large Related ☐ Elderly ☐ Disabled ☐ Other

Small Related: 2-4 persons with at least two related persons

Large Related: 5 or more persons with at least two related persons

Elderly: Sole member is a person who is at least 62 years of age, two or more persons who are at least 62 years of age living together, or one or more persons who are at least 62 years of age living with one or more live-in aides

Other: A household of 1 or more persons that does not meet the definition of a small or large related household or an elderly household

Business Information

A Micro-enterprise is a business with five or fewer employees, including the owner(s).

Business Name _____

List Owners _____

Business Address _____ Zip Code _____

Business Phone _____ Email _____

Business Web Address _____

Official start date of business? _____

Business Type ☐ Service ☐ Retail ☐ Other _____

Operating Location ☐ Home-based ☐ Store Front ☐ Office ☐ On-line

Is your business currently registered with the State of Kentucky? ☐ YES ☐ NO

What is your Tax ID # ? _____

Business Structure ☐ Sole Proprietorship ☐ LLC ☐ Other _____

Number of Employees Full Time _____ Part Time _____

Describe your business in detail.

Why did you choose to open your business?

What areas is your business in need of assistance?

What are your business goals for the upcoming year?

What is your timeline for achievement of goals?

How much have you invested in your business?

TIME: _____

MONEY (Equipment/Supplies): _____

Have you attended any business training programs? If so, where?

Have you ever applied for a business loan? What was the result?

Please describe how this loan will be used?

How did you find out about CAP Enterprise Ignite Program?



CAP Enterprise Ignite Program Personal Financial Statement

Name:

Date:

Please fill out tables completely. For categories you do not have an asset/liability, please use "N/A."

Assets	Amount in Dollars
Cash- checking accounts	\$
Cash- savings accounts	
Certificates of Deposit	
Securities- stocks/bonds/mutual funds	
Life Insurance (cash surrender value)	
Personal Property (autos, jewelry, etc.)	
Retirement Funds (eg. IRAs, 401K)	
Real Estate (market value)	
Other (specify)	
Other (specify)	
Total Assets	\$

Liabilities	Amount in Dollars
Current Debt (credit cards, accounts)	\$
Notes payable (describe)	
Taxes payable	
Real estate mortgages (describe)	
Other (specify)	
Other (specify)	
Total Liabilities	\$

TOTAL ASSETS – TOTAL LIABILITIES = NET WORTH

Net Worth: \$ _____

Signature _____

Application Checklist

Please be sure to include all forms of documentation requested below, if you need further clarification or have questions please do not hesitate to contact us.

- ☐ **Proof of Household Income**
 - **2010 Personal Taxes (IRS 1040) for each member of the household over 18 years of age.**
- ☐ **Proof of household size**
 - Social Security Cards for everyone in the household
- ☐ **Completed Business Plan**
- ☐ **One to Two page explanation of need of funding and how the use of funds will be used to generate revenue for the business.**
- ☐ **Proof of Business Registration with State and County**
- ☐ **Certificate of Registration with Louisville Metro Revenue Commission**
- ☐ **2010 Business Taxes**
- ☐ **Proof of Household Assets and Liabilities (Attached form)**
- ☐ **2 Professional Letters of Reference.**

I certify that the information provided to determine my eligibility for participation in the CAP Enterprise Program is true and accurate to the best of my knowledge. I certify that I have fully disclosed all sources of my income and all sources of income received by members of my household. I further understand that any false information provided in connection to this application may be grounds for disqualification from this program. I hereby acknowledge that I am receiving assistance under a federally funded program, Community Development Block Grant and that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Applicant Signature

Print Applicant Name

Date

PLEASE Return completed forms by:
FAX (502)-574-1246,
E-MAIL capenterprise@louisvilleky.gov or
HAND-DELIVER TO:
CAP Enterprise
Louisville Metro Community Action Partnership
The Urban Government Center
810 Barret Ave Room 248
Louisville, KY 40204